

City of Amesbury
Application for Employment

Department of Public Works
39 South Hunt Road

We consider applicants for all positions without regard to age, race, color, religious creed, national origin, sex, sexual orientation, criminal record, mental illness, handicap/disability, or any other legally protected status pursuant to **Massachusetts Fair Employment Practices Act**, and other relevant federal, state, and local laws. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Position(s) Applied For:		Date of Application:			
Will you accept, or are you seeking? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary					
How Did You Learn About Us? <input type="checkbox"/> Social Media/Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____					
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip
Telephone Number(s)		Social Security Number (Voluntary) --- ---			

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes When? _____ ☐ No

Have you ever been employed with us before? ☐ Yes When? _____ ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Within the last 5 years: have you been convicted of, or released from incarceration for a misdemeanor which was not a first offense for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? ☐ Yes ☐ No

If yes, please explain: _____

Education	Name and Address of School	Course of Study	Number of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read, and/or write			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training you received in the United States military.

List professional, trade, business, or civic activities and offices held. If you need additional space, please continue on a separate sheet of paper. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

Employment Experience

1.	Employer	Telephone Number	Dates Employed	
	Address	Job Title	To	From
	Work Performed		Supervisor	
	Reason for Leaving			
2.	Employer	Telephone Number	Dates Employed	
	Address	Job Title	To	From
	Work Performed		Supervisor	
	Reason for Leaving			
3.	Employer	Telephone Number	Dates Employed	
	Address	Job Title	To	From
	Work Performed		Supervisor	
	Reason for Leaving			
4.	Employer	Telephone Number	Dates Employed	
	Address	Job Title	To	From
	Work Performed		Supervisor	
	Reason for Leaving			

Have you ever plowed snow? ☐ Yes ☐ No

CDL Certification? _____ Hoisting Grade? _____

Do you have any experience with (check any that apply):

- | | |
|--|---|
| <input type="checkbox"/> Water Treatment | <input type="checkbox"/> Water Distribution |
| <input type="checkbox"/> Sewer Treatment | <input type="checkbox"/> Sewer Collections |

Additional Information

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience)

Specialized Skills – Please List Any Machinery/Equipment Operated

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation? ☐ Yes ☐ No

References

1	<hr/>	<hr/>
	Name	Phone Number
	<hr/>	
	Address	
2	<hr/>	<hr/>
	Name	Phone Number
	<hr/>	
	Address	
3	<hr/>	<hr/>
	Name	Phone Number
	<hr/>	
	Address	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks: _____

Interviewer _____ Date _____

Employed ☐ Yes ☐ No Date of Employment: _____

Job Title _____ Hourly Rate _____ Department _____

By _____ Date _____

Notes: _____
